

Name
in
Full

Herain Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at or Westover		Town	Somerset		County		MARYLAND
Date of death 1906	Month May	Day 8	Years	Age 21	Months	Days	20
Sex male	Color or Race Black						Birth-place Md.
Occupation Labour in brick yard	Where Residing if not at place of death —						
Married, Single or Widowed married	Name of Wife or Husband Lucy Ballard						
Father's Name Herain Ballard	Father's Birthplace Md.						
Mother's Maiden Name Ellen Cones	Mother's Birthplace Md.						
Name of person giving information Ellen Ballard	How related to deceased Mother						

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long About 4 mos.
Immediate	Torsion Asthma	How long About 2 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

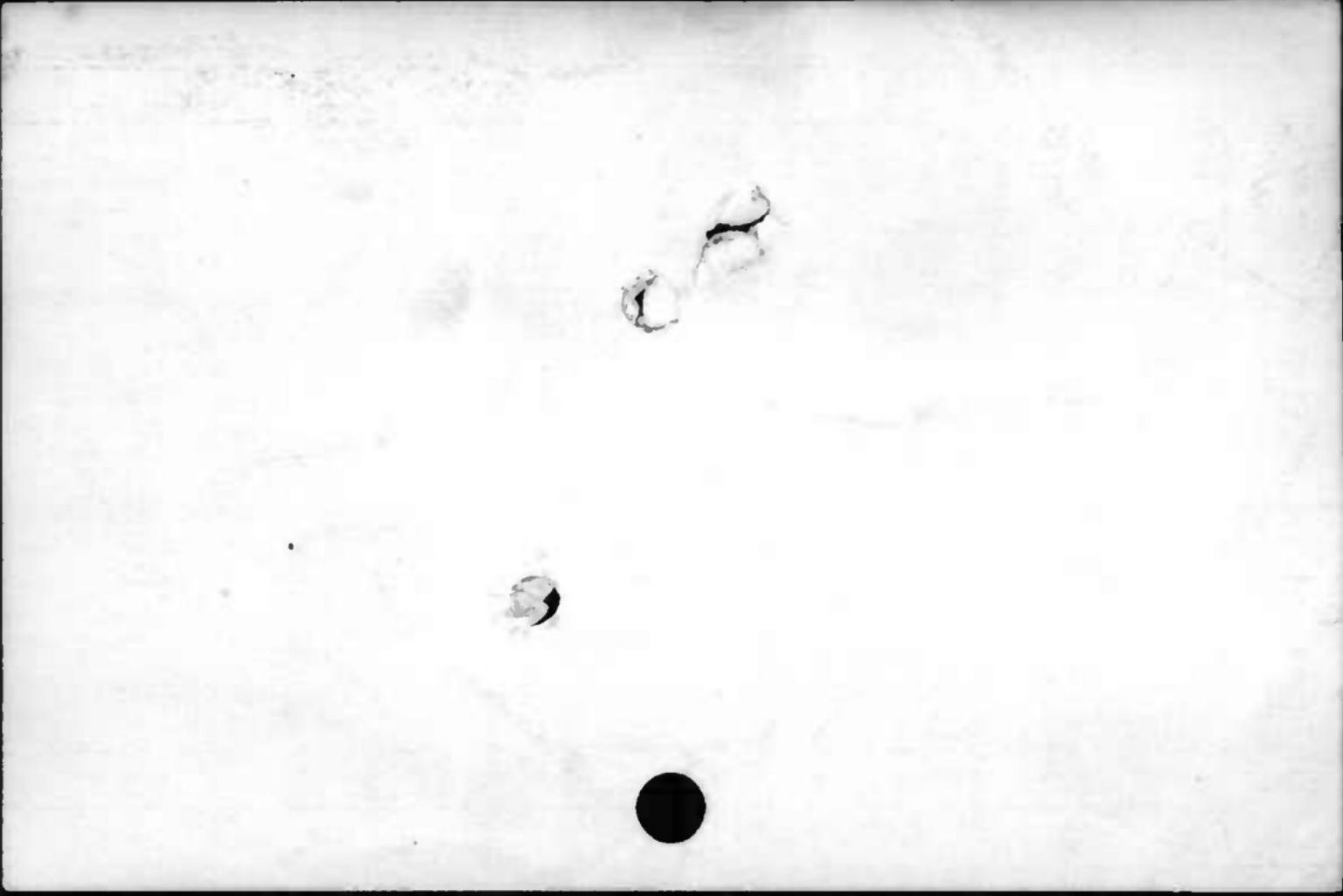
Signature of Physician

Chas T. Fisher, M.D.

Address

Princess Anne, Md.

Accident or Suicide?



Name
in
Full

Sulant. Benton

CERTIFICATE OF DEATH

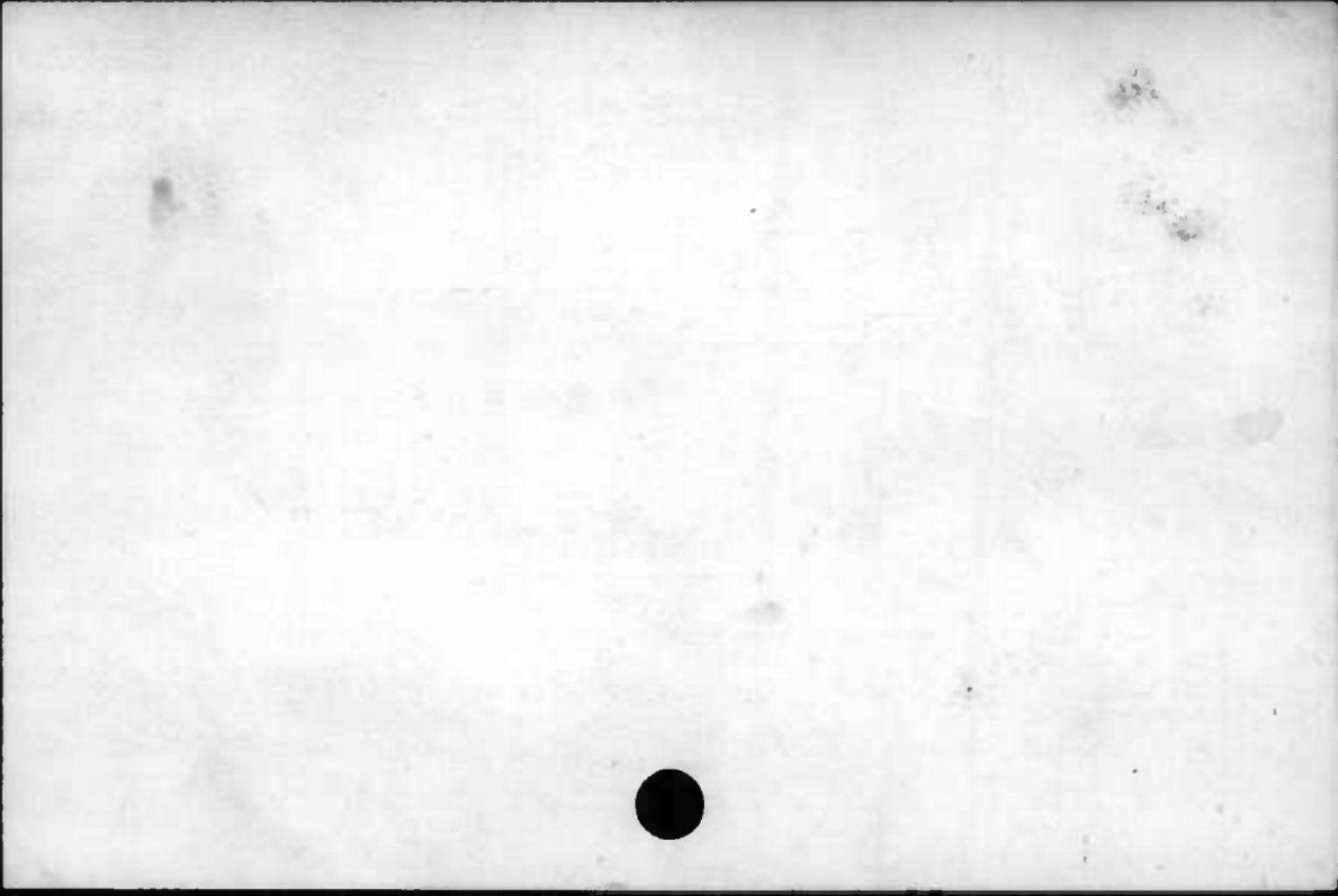
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Benten				
Mother's Maiden Name	Julia Hubelis				
Name of person giving information	Edward Benten				

CAUSES OF DEATH

Primary	celarupsia (138)		How long
Immediate			1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. J. Winkler, M.D.
		Address	Bayes Building
Accident or Suicide?	no		Baltimore, Md.

PHYSICIAN
OR CORONER



Name
in
Full

Caroline Birne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	May	3rd	Age 61 7 1
Sex	Female	Color or Race	Black
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	William Birne
Father's Name	William Anderson		
Mother's Maiden Name	Mary Carter		
Name of person giving information	Clara Elliot Brown		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long



-

Immediate

Paralysis

How long



3 days

Are the name, age, sex, color, date and place correctly given above?

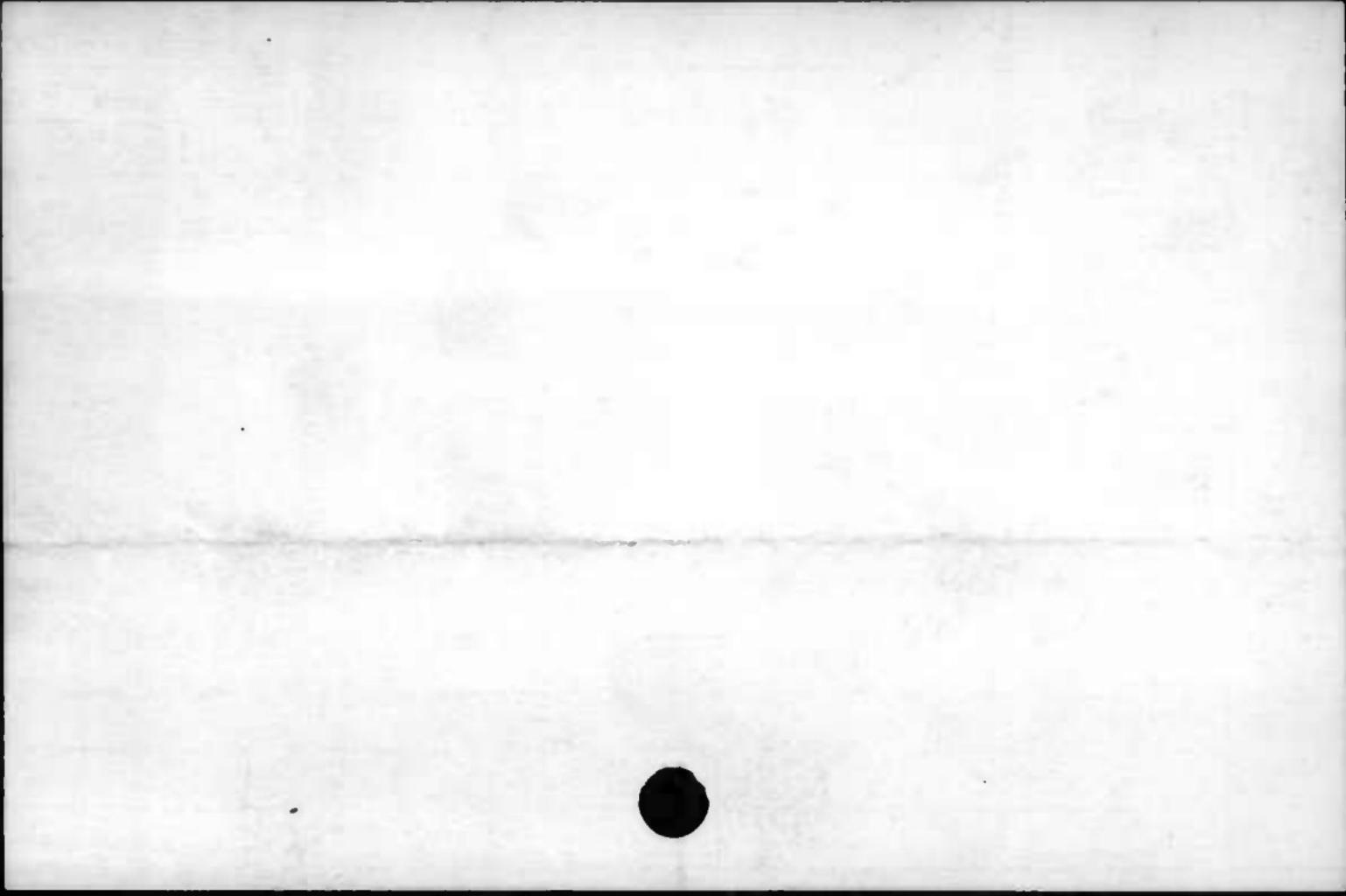
yes

Signature of Physician

Address

W. F. Haefl
Coryfield MD

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel Ballard

5/18/11

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Princess Anne

Somerset

Date
of death

Month

Day

Years

Days

1904

5

3

44

Sex Male

Color or
Race

Blacks

Birth-
place

Princess Anne

Occupation

Farm Hand

Where Residing if not
at place of death

Princess Anne

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elmira Ballard

Father's
Name

Theodore Ballard

Father's
Birthplace

Burke, Ohio

Mother's
Maiden Name

Mary Ballard

Mother's
Birthplace

Burke

Name of person giving
Information

Mary Ballard

(27)

How related
to deceased

sister

CAUSES OF DEATH

Primary

1. Gonorrhoea
2. Lung Disease

How long

Immediate

Undertaker

How long

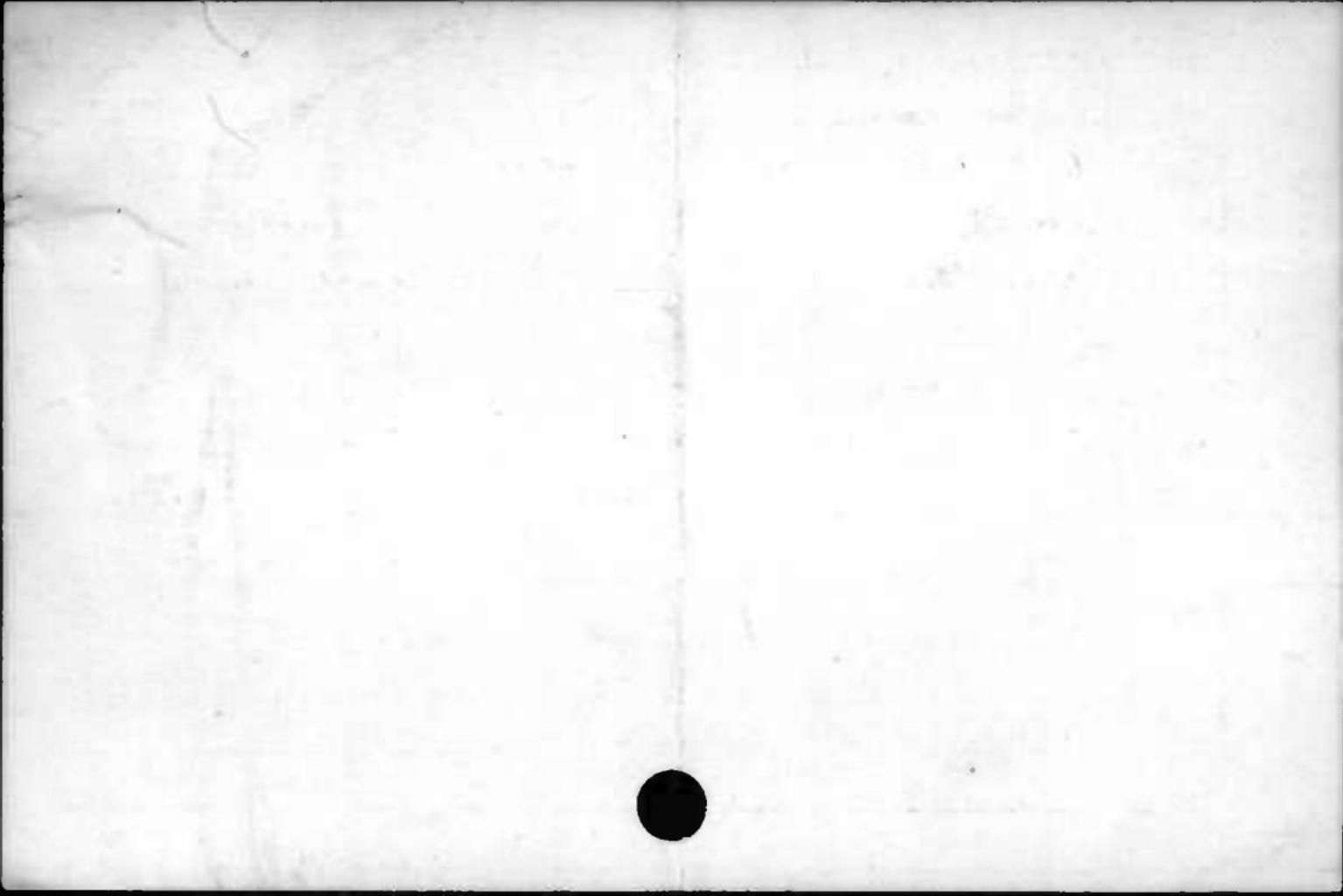
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

(W.D.)
Dr. Francis Dennis, M.D.
Accruing, Md.

Accruing, Md.



Name
in
Full

Samuel Brinkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Marion

County

Somerset

MARYLAND

Date
of death

Month

Day

Years

1906

May

16

72

Age

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Somerset Co Md

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Nancy Brinkley

Father's
Name

Benj Brinkley

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Don't Know

Mother's
BirthplaceName of person giving
Information

James Barnett

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Genie debility

154

How long

3 months

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

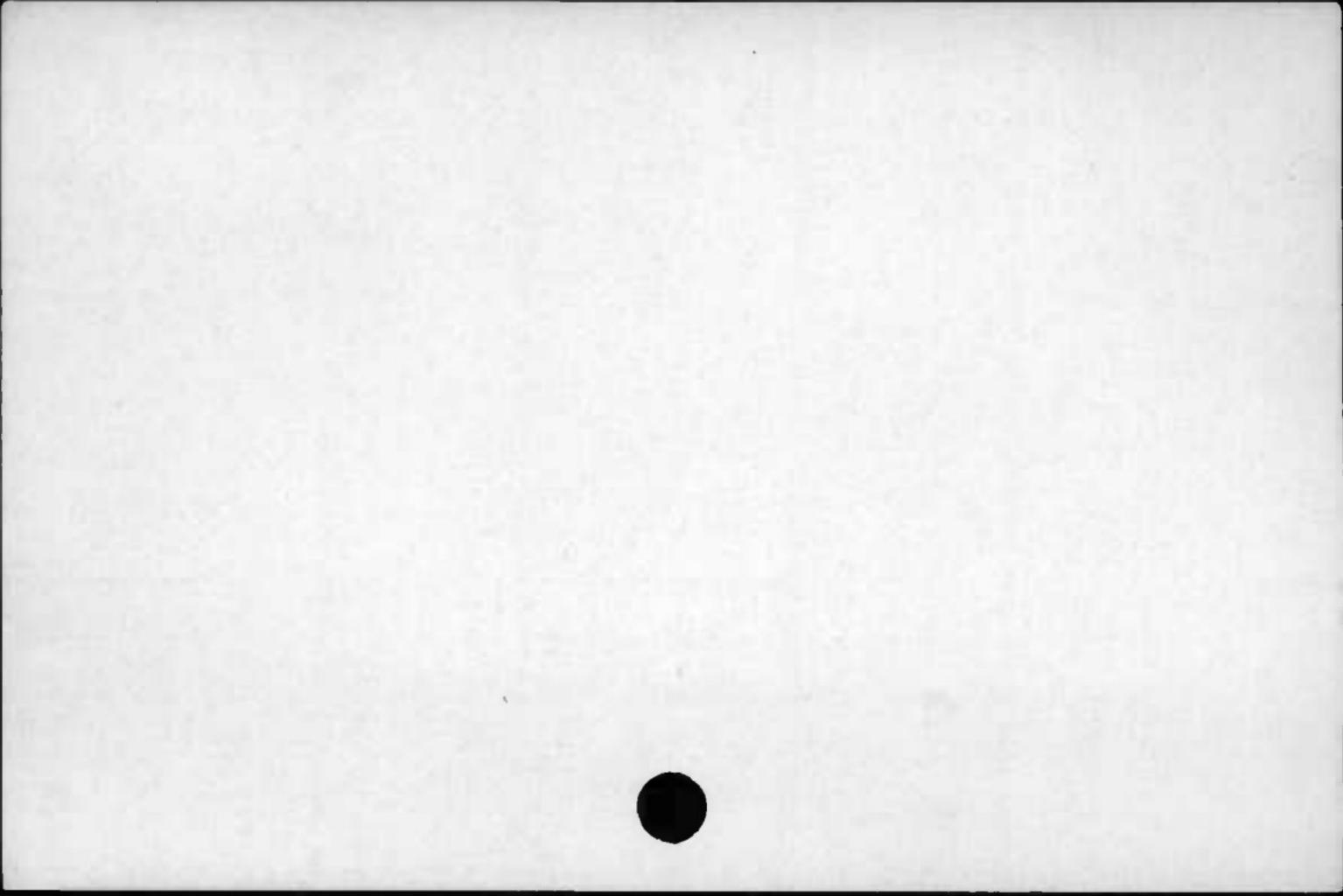
James Barnett

Marion St
Md

Accident or Suicide?

No physician in attendance

PHYSICIAN
OR CORONER



Edward J. Brittingham

Town

Dublin

County

Somerset

MARYLAND

1906

Month

Day

Y.

M.

D.

Male

White

Age

65 - -

Married

Widow

Native of

Md

Occupation

Farmer

~~Female~~~~Colonial~~~~Single~~~~Widower~~~~Divorced~~~~Number of children living~~

Husband

of

Florence Butler

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hemorrhage upon Brain

How long sick

Death

Immediate

Paralysis

Way

Accident, Suicide, Homicide

Reported by

Chas. W. MacLaywright M.D.

Address

Prince Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Calvin A. Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Smiths Island
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Singel	Jobbin A. Evans		Jobbin A. Evans	Smiths Island	
Mother's Maiden Name	Rachel C. Pruitt		Mother's Birthplace	Pungin Island	
Name of person giving information	David F. Snead		How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Septic arthritis

How long

3 months

Immediate

Exsanguination

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

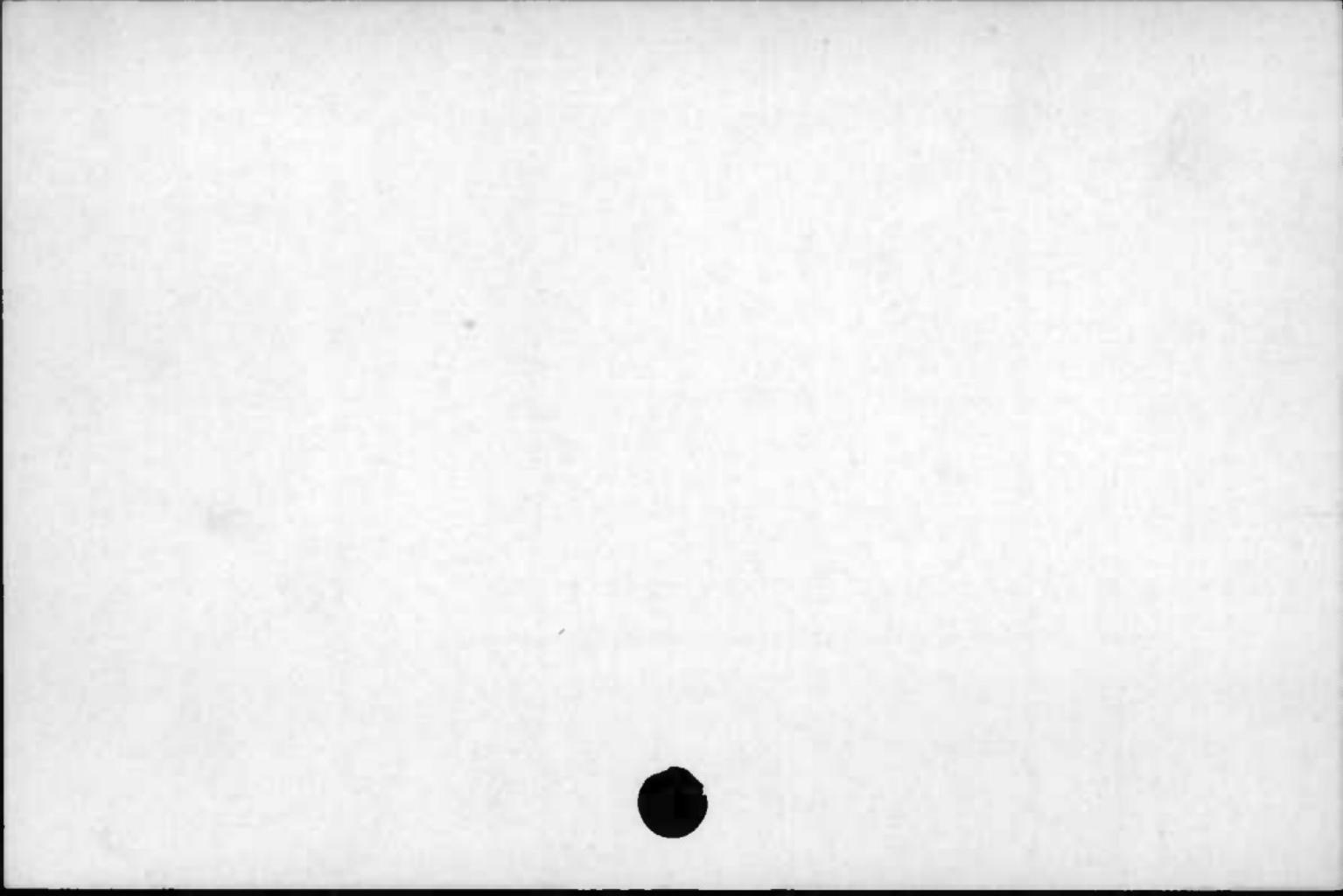
yes

Signature of Physician

Address

R.H. Palmer
Evans, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Brooks

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Princess Anne, 1

County Somerset

Date of death 1906 Month May Day 23

Years Age 14

Months - Days -

Sex male Color or Race Black

Birthplace Md.

Occupation Laborer Where Residing if not at place of death -

Married, Single or Widowed single Name of Wife or Husband -

Father's Name John Brooks

Father's Birthplace Md.

Mother's Maiden Name Mary Morris

Mother's Birthplace Md.
How related to deceased none

Name of person giving Information Jas. Dennis

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long 3 or 4 mon

Immediate

Asthma

How long several days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

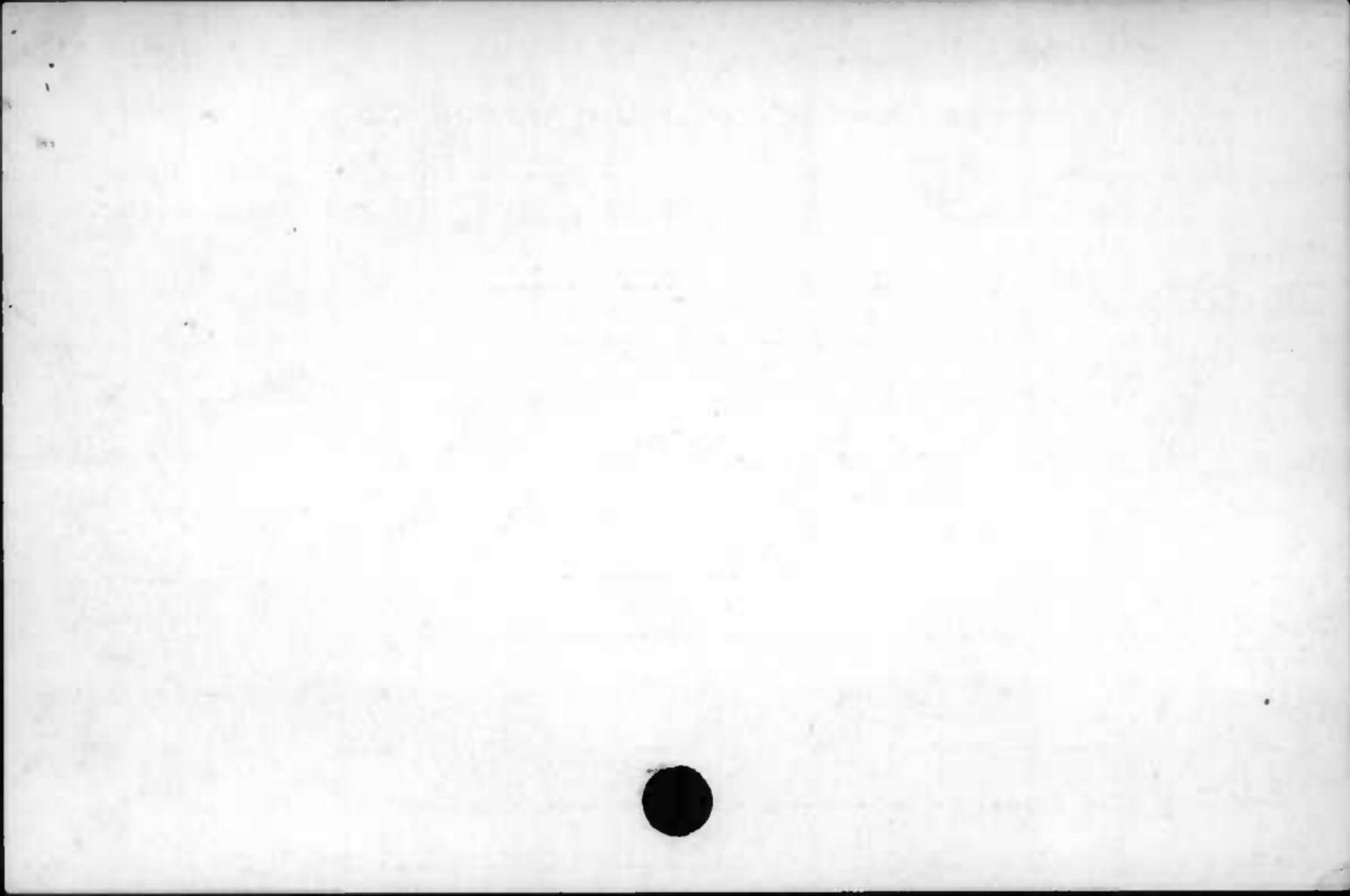
Chas. Fisher, M.D.

Address

Princess Anne,

Accident or Suicide?

Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

POLICE
OR CORONER

Not informed

Gladde

CERTIFICATE OF DEATH

MARYLAND

Died at	Chancery	Town	County			
Date of death 190	6	Month May	Day 29	Years	Months	Days
Sex	Male	Color or Race	White	Age	Birth-place	Born Co
Married, Single or Widowed	-	Occupation		-		
Name of Wife or Husband	-					
Father's Name	Calvin Gladde			Father's Birthplace	Som. Co.	
Mother's Maiden Name	Carrie France			Mother's Birthplace	Som. Co.	
Name of person giving Information	Calvin Gladde			How related to deceased	Father	

CAUSES OF DEATH

Primary Malfornation of Heart Congenital

How long

How long

Immediate

(150)

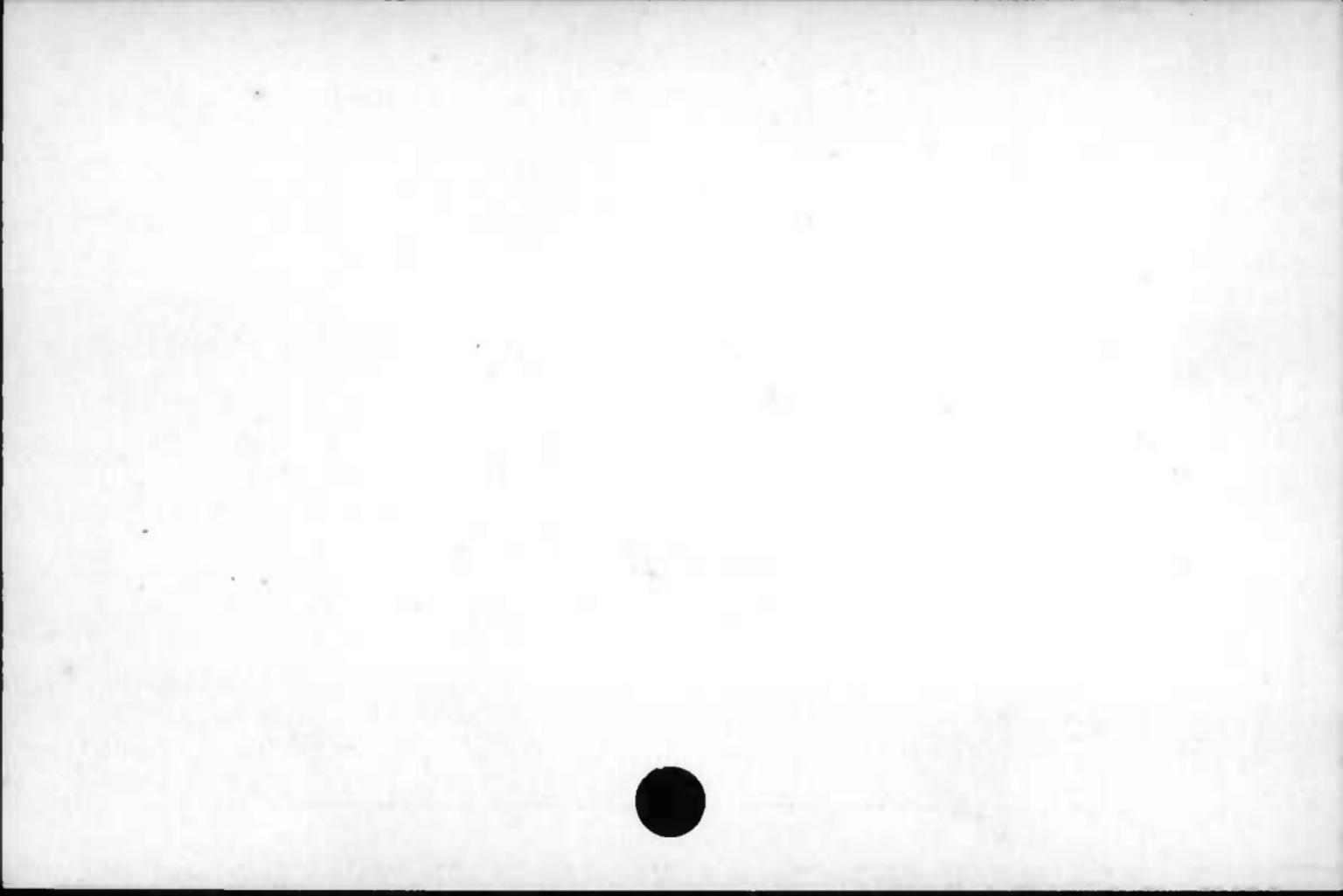
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Windsor, M.D.
St. James Building,
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

Henry White Hall

CERTIFICATE OF DEATH

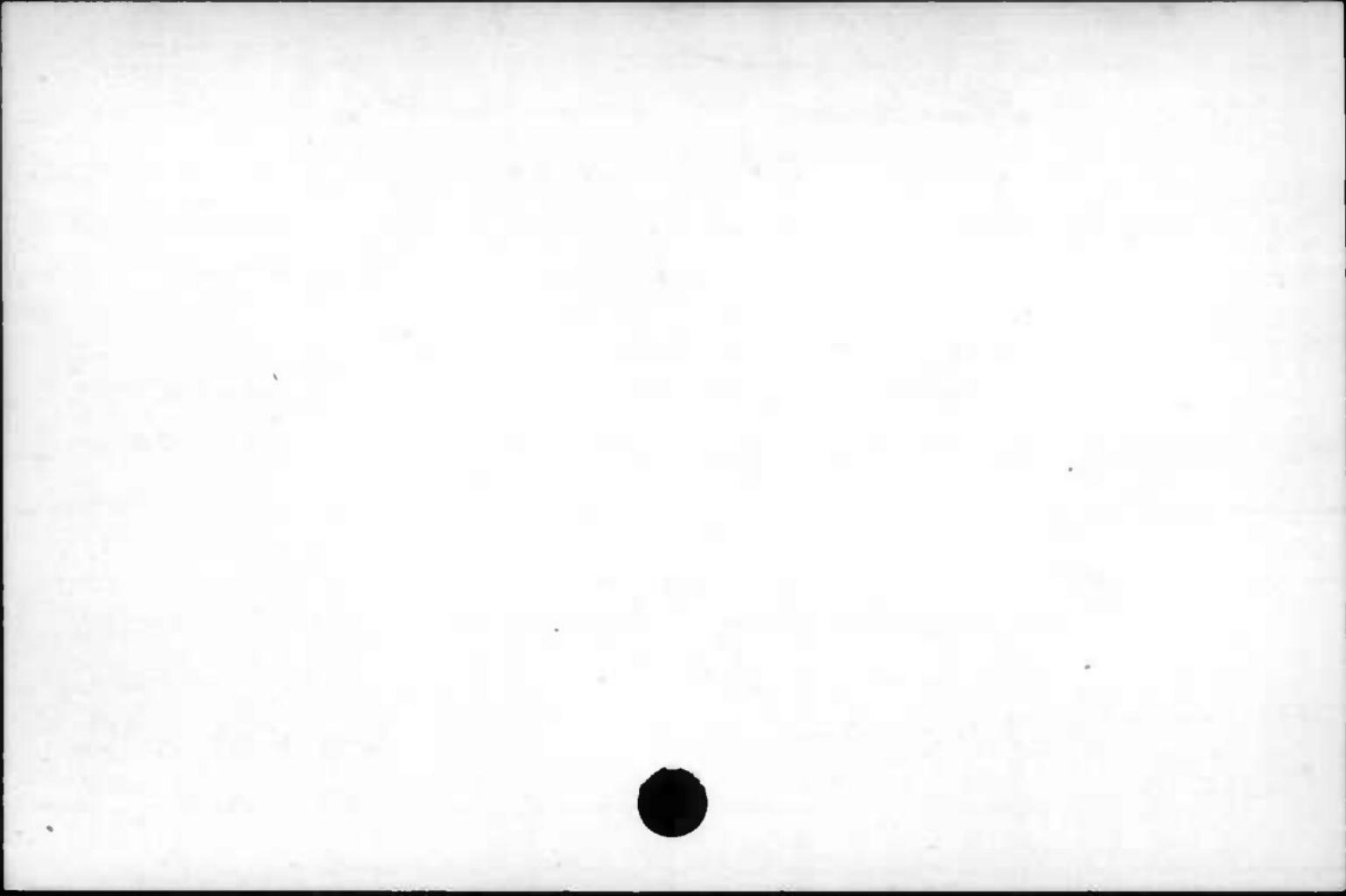
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	79	—	12
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Richard Hall				
Mother's Maiden Name	Martha Landford				
Name of person giving information	(25)				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prostatic Enlargement		How long
Immediate	Retention		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W F Hall
		Address	crossfield rd
Accident or Suicide?			



Name
in
Full

Abbie Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906.	May	25.	age 25.	—	—
Sex	Female.	Color or Race	Colored.	Birth-place	Hestover.
Occupation	Bone.	Where Residing if not at place of death	Hestover		
Married, Single or Widowed	Name of Wife Husband				
Father's Name	William Jones.	Father's Birthplace	Hestover.		
Mother's Maiden Name	Hester Maddox	Mother's Birthplace	Hestover.		
Name of person giving information	John Jones	How related to deceased	Brother.		
CAUSES OF DEATH					
Primary	Consumption of Oysters			How long	2 years
Immediate	By same & Spontaneous			How long	7 weeks
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	F. H. Ceder M.D.
PHYSICIAN OR CORONER				Address	Hestover Md.

Accident or Suicide?



Name
in
Full

Stella Maddox

5/18/18

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	May	34	
Sex	Color or Race	Birth-place	
Female	Colored	Som. Co.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Franklin Maddox	Som. Co.		
Mother's Maiden Name	Mother's Birthplace		
Northern Maddox	" "		
Name of person giving information	How related to deceased		
Gro. W. Hall,			

PHYSICIAN
OR CORONER

Undertaker CAUSES OF DEATH

Primary	16	How long
Immediate	66	How long

Are the name, age, sex, color, date and place correctly given above?

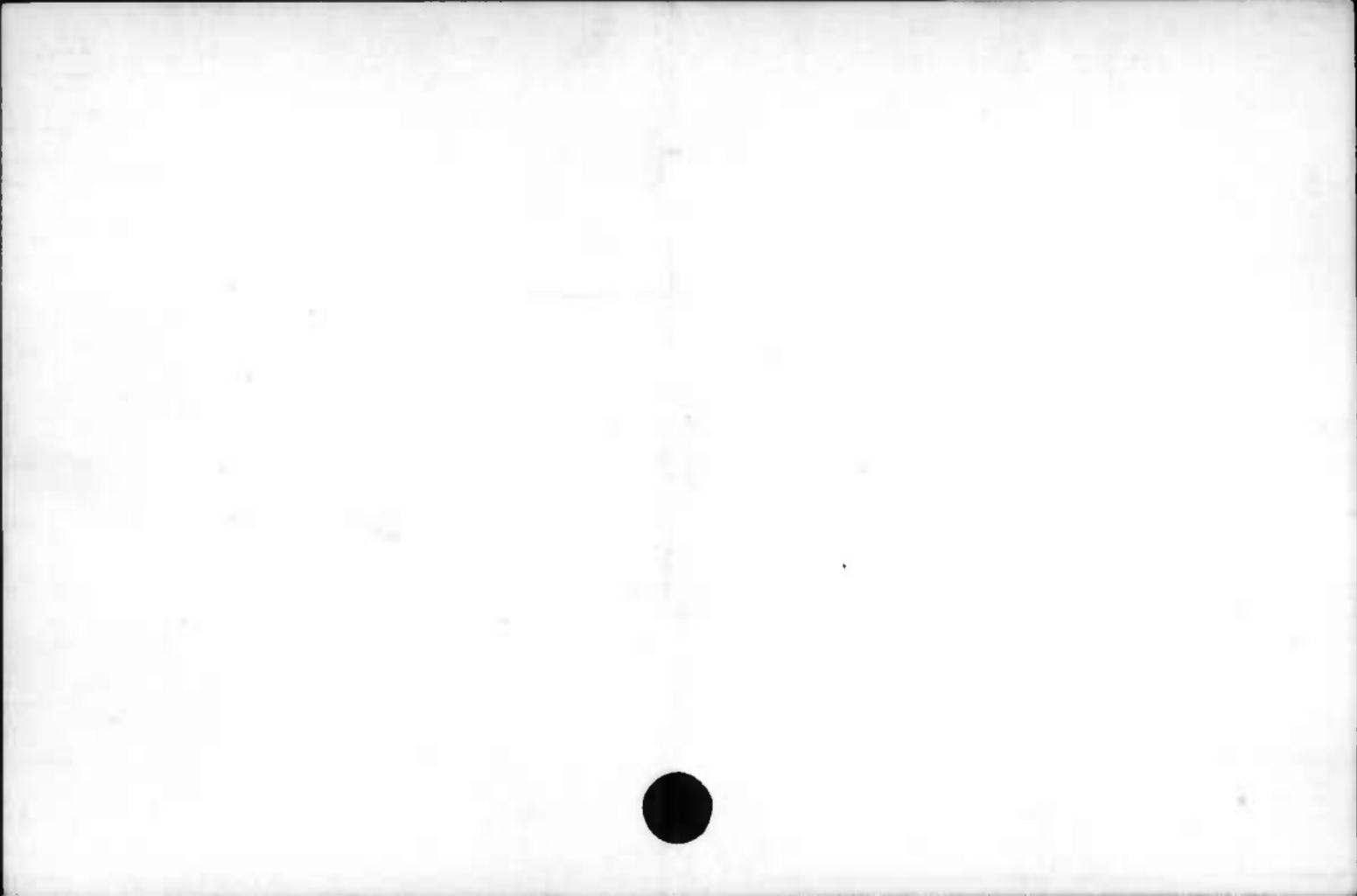
Yes

Signature of Physician

Address

Rev Mr. Hall [undertaker]
Kingston Md

Accident or Suicide?



Name
in
Full

Kittie Perry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Fairmount	Somerset			MARYLAND	
Date of death 1906	Month May	Day 8 th	Years about 75	Months	Days
Sex Female	Color or Race Black	Birth-place Fairmount			
Occupation Housework	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband George Perry				
Father's Name Daniel Perry	Father's Birthplace Fairmount				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information Geo Perry	How related to deceased Husband				

CAUSES OF DEATH

Primary Drowsy

177

How long Six months

Immediate "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

S. G. Maloney, M.D.
Upper Fairmount

Accident or Suicide?

PHYSICIAN
OR CORONER

From
F. W. Landon
Landonville, Md.

Name
in
Full

Marietta Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	52	5
Occupation	Housewife		Where Residing if not at place of death	Maryland	
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel J. Pritchett		
Father's Name	George T. Berry		Father's Birthplace	Virginia	
Mother's Maiden Name	Mary Canebawm		Mother's Birthplace	Maryland	
Name of person giving information	John S. Pritchett		How related to deceased	Son	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary

Carcinoma of breast

How long

1 year.

Immediate

Septicaemia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry M. Lockford M.D.

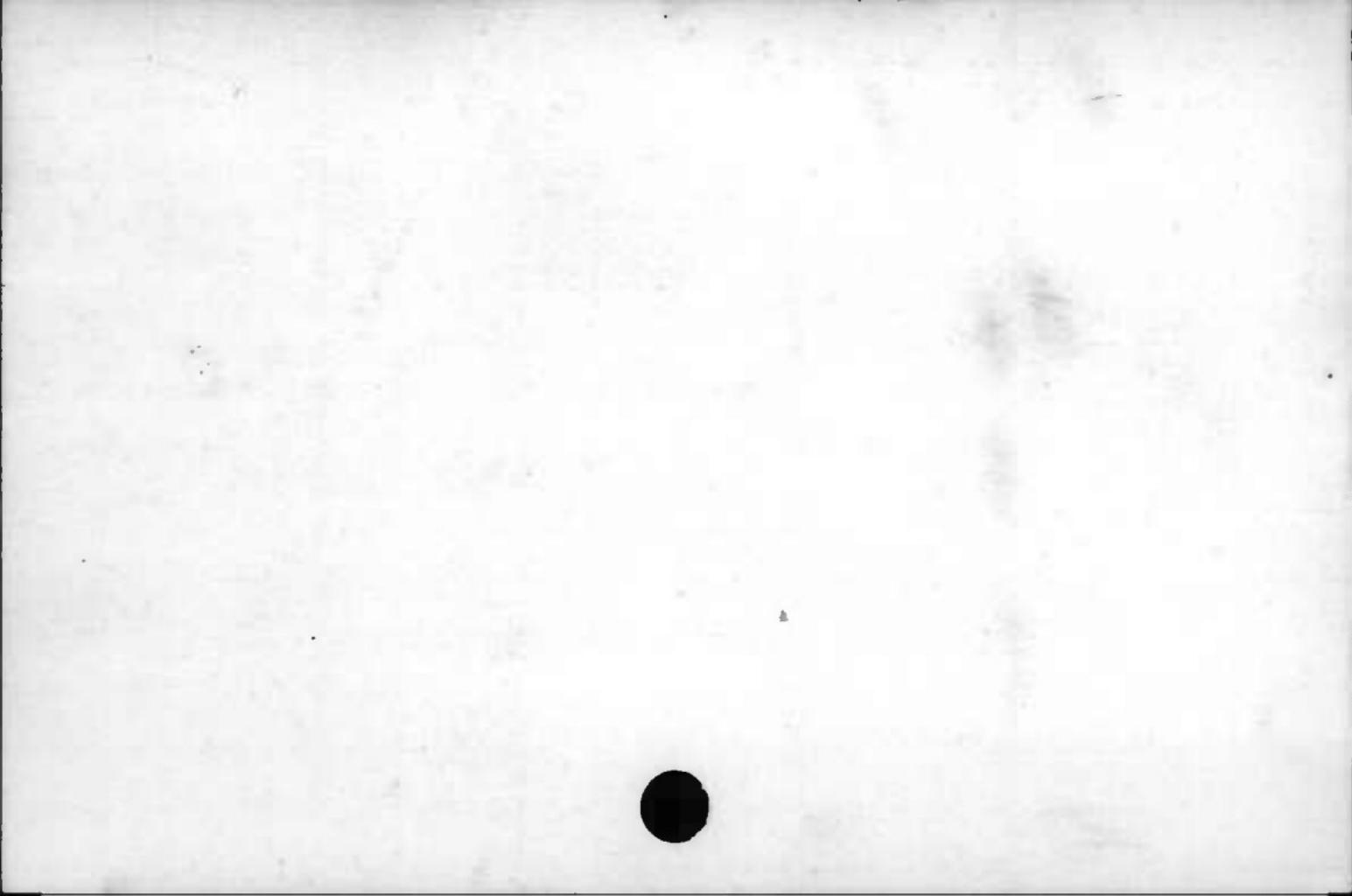
Address

Princess Anne

Accident or Suicide?

No

Maryland.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John H. Robinson Jr.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Marion

Somerset

Date
of death

Month

Day
9"

Years

Months
5-

Days

1906

May

Age 8

9

Sex

Male

Color or
Race

Black

Birth-
place

Marion

Occupation

School boy

Where Residing if not
at place of death

Marion

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John H. Robinson

Father's
Birthplace

Virginia

Mother's
Maiden Name

Mary L. Silby

Mother's
Birthplace

Virginia

Name of person giving
Information

John H. Robinson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Fall

How long

3 days

Immediate

Failure of respiration

166

How long

few hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

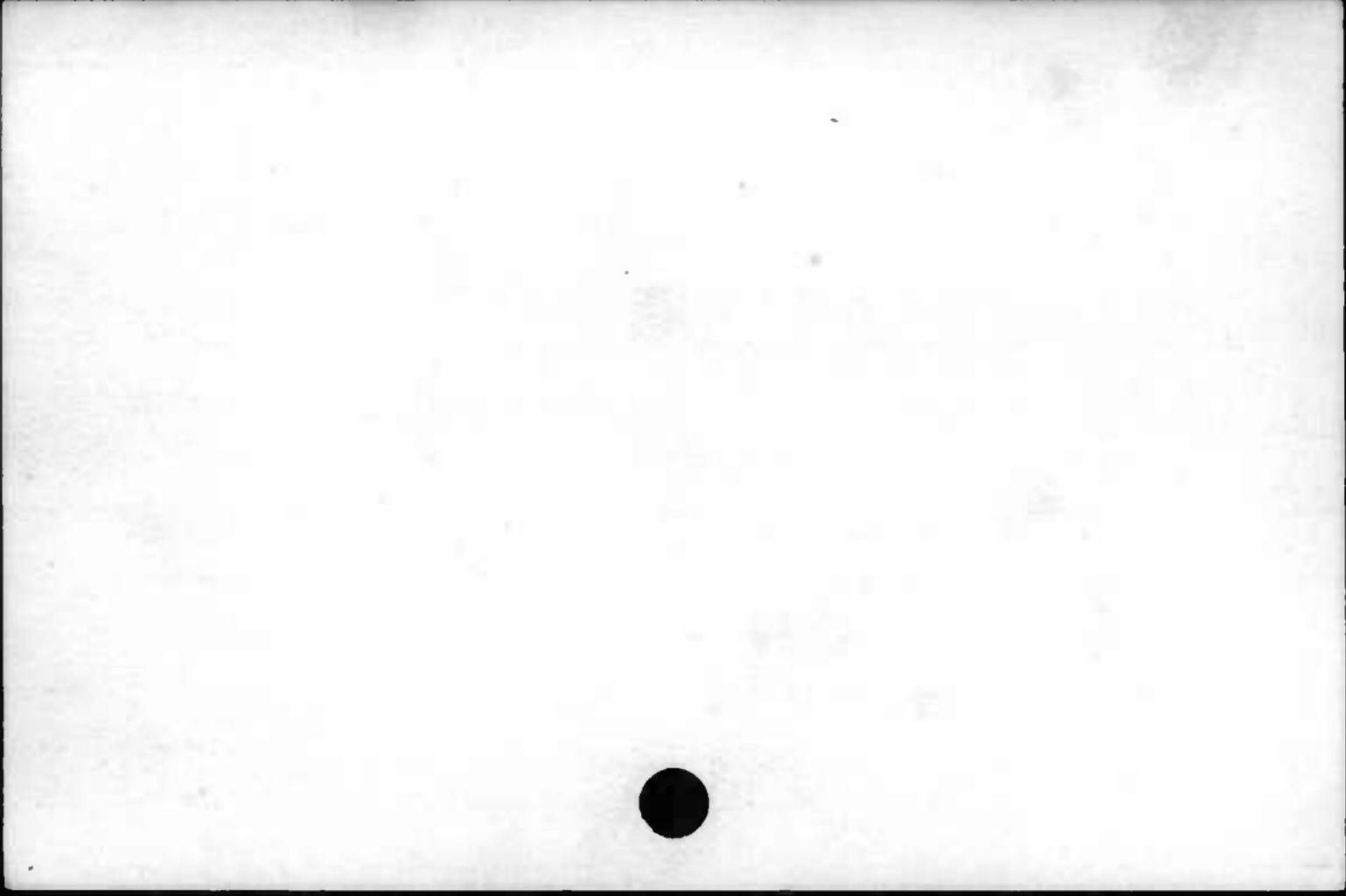
Dr. Bill

Address

Marion Sta.
Md.

Accident or Suicide?

Accident



Name
in
Full

Malston

CERTIFICATE OF DEATH

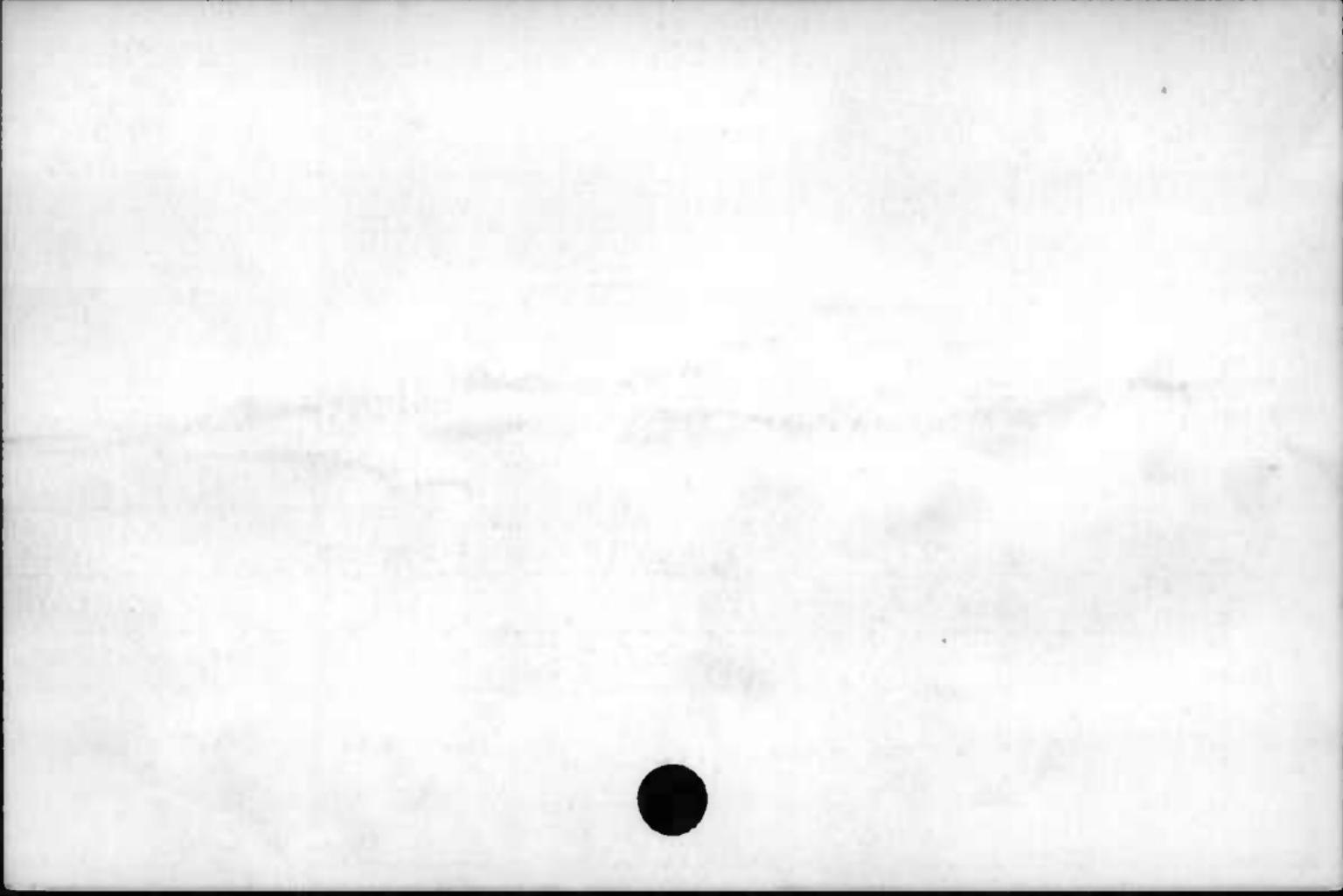
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Med.
Occupation			Where Residing if not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Geo. Malston		Father's Birthplace	Med.	
Mother's Maiden Name	Mary Leavell		Mother's Birthplace	Med.	
Name of person giving information	Frattus		How related to deceased	—	

CAUSES OF DEATH

Primary	Infantile Convulsions		How long	
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas T. Fishburne	
		Address	Princess Anne, Md.	
Accident or Suicide?				



Name
in
Full

Snarey or Webster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Spouse	Benton		
Father's Name	Jessie Webster			Md	
Mother's Maiden Name	M. D. Webster			Md	
Name of person giving information	Archie Benton			Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis (27)
How long 3 years

Immediate

Asthma
How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

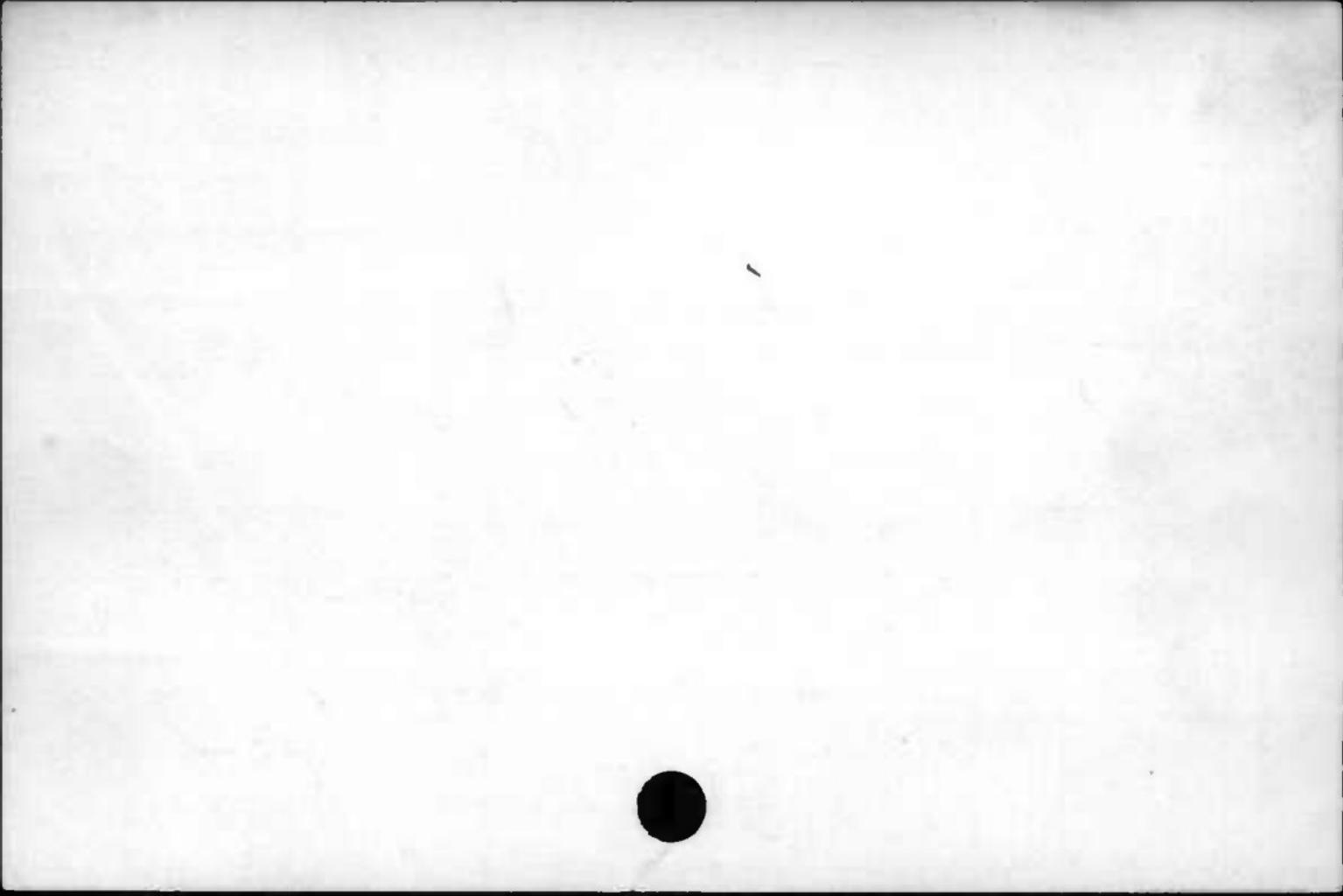
Signature of Physician

Address

J. G. Alexander
Somerset Co.

Accident or Suicide?





Name
in
Full

Maggie Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Tow	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Married, Single or Widowed	Occupation	Birth-place			
Name of Wife or Husband	I have work				
Father's Name	Lynfield				
Mother's Maiden Name	Lynfield				
Name of person giving information	How related to deceased				
Sidney Whittington	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

8 weeks

Immediate

Intestinal tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. S. Baldwin
Lynfield

Accident or Suicide?

